

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>21-00385</u>		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 62,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 62,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 167,205.54
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 229,205.54

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 167,743.82
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 167,743.82
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 2,735.68
		Your total liabilities \$ 170,479.50

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 4,697.13
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 4,697.13
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 2,394.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 2,394.00

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>7,234.85</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Sarah Elizabeth Chavis	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA		
Case number	21-00385	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

2308 NINETY SIX ROAD

Street address, if available, or other description

NORTH SC 29112-0000
City State ZIP Code

ORANGEBURG

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$62,000.00

Current value of the portion you own?

\$62,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

2017 OAKWOOD SINGLEWIDE MOBILE HOME: (16X80) MOBILE HOME, MOBILE HOME SITS ON REAL PROPERTY LOCATED AT 2308 NINETY SIX ROAD, NORTH SC 29112, VIN# (ROC732866NC), TMS# (0024-00-04-005.001), TAX APPRAISAL VALUE (\$62,000)

DEBTOR ESTIMATES VALUE AT (\$62,000), PROPERTY SITS ON FAMILY LAND

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$62,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

 No Yes

3.1 Make:	MERCEDES-BENZ
Model:	GLS 550
Year:	2017
Approximate mileage:	90,000
Other information: 2017 MERCEDES-BENZ GLS 550: VIN# (4JGDF7DE6HA975411), (4) DOOR, (8) CYLINDER, (90,000) MILES, NADA VALUE (\$37,000)	

Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

Current value of the portion you own?

\$37,000.00

\$37,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$37,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....

**HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS,
BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE,
WASHER, DRYER, MOWER, WEEDEATER, PATIO FURNITURE,
GRILL**

\$2,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

HOUSEHOLD GOODS: TVs, DVD PLAYER, COMPUTER, PHONES

\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

BOOKS

\$30.00

Debtor 1 Sarah Elizabeth ChavisCase number (if known) 21-00385**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....**CLOTHING****\$200.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....**JEWELRY****\$3,000.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**ANIMALS: (2) DACHSHUNDS****\$100.00****14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,330.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....**CASH ON HAND****\$40.00****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

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	FIRST RELIANCE BANK: SAVINGS ACCOUNT# (5889)	\$30.89
	17.1. Savings	\$30.89

	FIRST RELIANCE BANK: CHECKING ACCOUNT# (3902)	\$414.59
	17.2. Checking	\$414.59

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

401(k)**RETIREMENT PROGRAM: ERISA QUALIFIED
401(K) RETIREMENT PROGRAM, FACE
VALUE OF PROGRAM (\$117,755.06), CASH
SURRENDER VALUE OF PROGRAM (\$0.00)****\$117,755.06****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.....

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...

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27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

TAX REFUNDS: ANTICIPATED REFUND FOR TAX YEAR 2020 (\$8,698), DEBTOR HAS A HALF INTERST IN REFUND WITH NON-FILING SPOUSE, DEBTORS INTEREST IN REFUND (\$4,349)

Federal

\$4,349.00

TAX REFUNDS: ANTICIPATED REFUND FOR TAX YEAR 2020 (\$2,572), DEBTOR HAS A HALF INTERST IN REFUND WITH NON-FILING SPOUSE, DEBTORS INTEREST IN REFUND (\$1,286)

State

\$1,286.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

MINNESOTA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$250,000), CASH SURRENDER VALUE OF POLICY (\$0.00)

\$0.00

SECURIAN LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$36,000), CASH SURRENDER VALUE OF POLICY (\$0.00)

\$0.00

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**SECURIAN LIFE INSURANCE: TERM
LIFE INSURANCE POLICY, FACE
VALUE OF POLICY (\$250,000), CASH
SURRENDER VALUE OF POLICY
(\$0.00)**

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- No
 Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No
 Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- No
 Yes. Describe each claim.....

35. Any financial assets you did not already list

- No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$123,875.54

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

**PERSONAL PROPERTY: 2017 KUBOTA TRACTOR, DEBTOR
ESTIMATES VALUE AT (\$10,000), DEBTOR HAS A 1/3 INTEREST IN
PROPERTY WITH NON-FILING SPOUSE AND FATHER-IN-LAW,
DEBTORS INTEREST IN PROPERTY (\$3,333.33)**

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$62,000.00
56. Part 2: Total vehicles, line 5	\$37,000.00
57. Part 3: Total personal and household items, line 15	\$6,330.00
58. Part 4: Total financial assets, line 36	\$123,875.54
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
62. Total personal property. Add lines 56 through 61...	\$167,205.54
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$229,205.54

Orangeburg County

ONLINE TAX PAYMENT

Record Information

Notice #: 018225203

Status: Paid

Date Paid: 01/11/21

Issue Date: 11/23/20

Tax Information

Name:	CHAVIS SARAH ELIZABETH W	
Tax Year:	2020	
District/Levy:	40 / 374.8	
City/Levy:	/ 0	
Total Appraisal:	62,000	
Total Assessed:	3,720	
Assessment Ratio: 6%	Land Appraisal: 0	Building Appraisal: 62,000

Property Information

Record Type:	Real Estate
Map Number:	00240004005001
PIN:	2180089
Acres:	.00
Description:	\GREY/BLACK46112\16\76\2017\\ROC732866NC

Taxes

County Tax:	\$1,394.26
City Tax:	\$0.00
Fees:	\$0.00
Residential Exemption:	\$0.00
Homestead Exemption:	\$0.00
Other Exemptions:	\$0.00
Local Option Credit:	\$0.00
Total Taxes:	\$1,394.26
Total Paid: \$1,394.26	

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>21-00385</u>		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
2017 OAKWOOD SINGLEWIDE MOBILE HOME: (16X80) MOBILE HOME, MOBILE HOME SITS ON REAL PROPERTY LOCATED AT 2308 NINETY SIX ROAD, NORTH SC 29112, VIN# (ROC732866NC), TMS# (0024-00-04-005.001), TAX APPRAISAL VALUE (\$62,000)	\$62,000.00	<input checked="" type="checkbox"/> \$56,925.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)(a)
DEBTOR ESTIMATES VALUE AT (\$62,000) Line from <i>Schedule A/B</i> : 1.1			
2017 MERCEDES-BENZ GLS 550: VIN# (4JGDF7DE6HA975411), (4) DOOR, (8) CYLINDER, (90,000) MILES, NADA VALUE (\$37,000) Line from <i>Schedule A/B</i> : 3.1	\$37,000.00	<input checked="" type="checkbox"/> \$6,325.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
HOUSEHOLD GOODS: COUCH, LOVESEAT, TABLES, CHAIRS, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER, PATIO FURNITURE, GRILL Line from <i>Schedule A/B</i> : 6.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)

Debtor 1 Sarah Elizabeth Chavis

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
HOUSEHOLD GOODS: TVs, DVD PLAYER, COMPUTER, PHONES Line from Schedule A/B: 7.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
BOOKS Line from Schedule A/B: 8.1	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
CLOTHING Line from Schedule A/B: 11.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
JEWELRY Line from Schedule A/B: 12.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,225.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
JEWELRY Line from Schedule A/B: 12.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,775.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$1,775.00 of unused Homestead Exemption
ANIMALS: (2) DACHSHUNDS Line from Schedule A/B: 13.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
Savings: FIRST RELIANCE BANK: SAVINGS ACCOUNT# (5889) Line from Schedule A/B: 17.1	<u>\$30.89</u>	<input checked="" type="checkbox"/> <u>\$30.89</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$30.89 of unused Homestead Exemption
Checking: FIRST RELIANCE BANK: CHECKING ACCOUNT# (3902) Line from Schedule A/B: 17.2	<u>\$414.59</u>	<input checked="" type="checkbox"/> <u>\$414.59</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$414.59 of unused Homestead Exemption
401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401(K) RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$117,755.06), CASH SURRENDER VALUE OF PROGRAM (\$0.00) Line from Schedule A/B: 21.1	<u>\$117,755.06</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)
Federal: TAX REFUNDS: ANTICIPATED REFUND FOR TAX YEAR 2020 (\$8,698), DEBTOR HAS A HALF INTERST IN REFUND WITH NON-FILING SPOUSE, DEBTORS INTEREST IN REFUND (\$4,349) Line from Schedule A/B: 28.1	<u>\$4,349.00</u>	<input checked="" type="checkbox"/> <u>\$4,104.52</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7) in the amount of \$4,104.52 of unused Homestead Exemption

Debtor 1 **Sarah Elizabeth Chavis**

Case number (if known)

21-00385

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
MINNESOTA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$250,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.1	\$0.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
SECURIAN LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$36,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.2	\$0.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
SECURIAN LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$250,000), CASH SURRENDER VALUE OF POLICY (\$0.00) Line from Schedule A/B: 31.3	\$0.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>21-00385</u>		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Creditor's Name	Describe the property that secures the claim: 2017 KUBOTA TRACTOR: TO BE VALUED IN PLAN	Column A	Column B	Column C
			Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	KUBOTA CREDIT		\$12,366.05	\$3,333.33	\$9,032.72

**PO BOX 0559
Carol Stream, IL 60132**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) **Purchase Money Security**

Date debt was incurred 8/17

Last 4 digits of account number 7114

Debtor 1	Sarah Elizabeth Chavis	Case number (if known)	21-00385			
	First Name	Middle Name	Last Name			
2.2	SANTANDER CONSUMER USA Creditor's Name	Describe the property that secures the claim:	\$37,943.82	\$37,000.00	\$943.82	
	PO BOX 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code	2017 MERCEDES-BENZ GLS 550: TO BE VALUED IN PLAN				
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
		Nature of lien. Check all that apply.	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Auto Loan			
	Date debt was incurred 3/18	Last 4 digits of account number 9032				
2.3	STRATEGIC FUNDING SOURCE INC. Creditor's Name	Describe the property that secures the claim:	\$66,155.18	\$62,000.00	\$55,433.95	
	120 WEST 45TH STREET New York, NY 10036 Number, Street, City, State & Zip Code	2017 OAKWOOD SINGLEWIDE MOBILE HOME: 522(F) VOIDABLE				
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
		Nature of lien. Check all that apply.	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	Date debt was incurred 4/19	Last 4 digits of account number 2112				
2.4	VANDERBILT MORTAGE Creditor's Name	Describe the property that secures the claim:	\$51,278.77	\$62,000.00	\$0.00	
	500 ALCOA TRAIL Maryville, TN 37804 Number, Street, City, State & Zip Code	2017 OAKWOOD SINGLEWIDE MOBILE HOME: TO BE PAID IN PLAN				
	Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
		Nature of lien. Check all that apply.	<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mortgage			
	Date debt was incurred 1/12	Last 4 digits of account number 7114				

Debtor 1 **Sarah Elizabeth Chavis**

First Name

Middle Name

Last Name

Case number (if known)

21-00385

Add the dollar value of your entries in Column A on this page. Write that number here:

\$167,743.82

If this is the last page of your form, add the dollar value totals from all pages.

\$167,743.82

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>[] Name, Number, Street, City, State & Zip Code
CRAWFORD & VON KELLER
PO BOX 4216
Columbia, SC 29240</p> <p>[] Name, Number, Street, City, State & Zip Code
KUBOTA CREDIT
PO BOX 9013
Addison, TX 75001</p> <p>[] Name, Number, Street, City, State & Zip Code
ORANGEBURG COUNTY CLERK OF COURT
PO BOX 9000
Orangeburg, SC 29115</p> <p>[] Name, Number, Street, City, State & Zip Code
ORANGEBURG COUNTY MASTER IN EQUITY
190 GIBSON STREET
Orangeburg, SC 29115</p> <p>[] Name, Number, Street, City, State & Zip Code
SANTANDER CONSUMER USA
PO BOX 961245
Fort Worth, TX 76161</p> | <p>On which line in Part 1 did you enter the creditor? <u>2.4</u></p> <p>Last 4 digits of account number _____</p> <p>On which line in Part 1 did you enter the creditor? <u>2.1</u></p> <p>Last 4 digits of account number _____</p> <p>On which line in Part 1 did you enter the creditor? <u>2.4</u></p> <p>Last 4 digits of account number _____</p> <p>On which line in Part 1 did you enter the creditor? <u>2.4</u></p> <p>Last 4 digits of account number _____</p> <p>On which line in Part 1 did you enter the creditor? <u>2.2</u></p> <p>Last 4 digits of account number _____</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA			
Case number (if known)	21-00385		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1		Total claim
	AMCOL SYSTEMS	\$344.68
	Nonpriority Creditor's Name	
	PO BOX 21625	
	Columbia, SC 29221	
	Number Street City State Zip Code	
	Who incurred the debt? Check one.	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Collections-REGIONAL MEDICAL CENTER

Debtor 1 **Sarah Elizabeth Chavis**

4.2	<p>BRANDED LLC Nonpriority Creditor's Name 7910 EDMUND HWY PELION, SC 29123 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1003</u> \$0.00</p> <p>When was the debt incurred? <u>5/18</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u></p>
4.3	<p>IRS Nonpriority Creditor's Name PO BOX 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7114</u> \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u></p>
4.4	<p>LEXINGTON COUNTY TREASURER Nonpriority Creditor's Name 212 S. LAKE DRIVE Lexington, SC 29072 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7114</u> \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u></p>

Debtor 1 **Sarah Elizabeth Chavis**

4.5

ONLINE INFORMATION SERVICES

Nonpriority Creditor's Name

**PO BOX 1489
Winterville, NC 28590**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **9837****\$630.00**When was the debt incurred? **1/21**

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collections-SOUND PHYS EMER MED**

4.6

ORANGEBURG COUNTY TREASURER

Nonpriority Creditor's Name

**PO BOX 9000
Orangeburg, SC 29116**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **7114****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Notice Only**

4.7

SC DEPT OF REVENUE

Nonpriority Creditor's Name

**PO BOX 12265
Columbia, SC 29211**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number **7114****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Notice Only**

Debtor 1 **Sarah Elizabeth Chavis**

Case number (if known)

21-00385

4.8

SOUND PHYS EMER MED OF SC

Nonpriority Creditor's Name

**PO BOX 748996
Los Angeles, CA 90074**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number **2832****\$1,761.00**When was the debt incurred? **12/20**

As of the date you file, the claim is: Check all that apply

 Contingent Unliquidated Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical Bills****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ATTORNEY GENERAL OF UNITED STATES
950 PENNSYLVANIA AVE, NW
Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**REGIONAL MEDICAL CENTER
PO BOX 1306
Orangeburg, SC 29116**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US ATTORNEY'S OFFICE
ATTN DOUG BARNETT
1441 MAIN ST STE 500
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
	6f. Student loans	6f. \$	0.00
Total claims from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	2,735.68

6j. **Total Nonpriority.** Add lines 6f through 6i.6j. \$ 2,735.68

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF SOUTH CAROLINA</u>			
Case number (if known)	<u>21-00385</u>		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1	Name	Number Street	City State ZIP Code
2.2	Name	Number Street	City State ZIP Code
2.3	Name	Number Street	City State ZIP Code
2.4	Name	Number Street	City State ZIP Code
2.5	Name	Number Street	City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	<u>21-00385</u>		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **MARTHA S DARRELL**
1204 HONEYSUCKLE
Cayce, SC 29033

- Schedule D, line 2.1
 Schedule E/F, line _____
 Schedule G _____
KUBOTA CREDIT

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA
Case number (if known)	21-00385

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	TRAFFIC AUDITOR	WORKER
Employer's name	SOUTH EASTERN FREIGHT	CHICK FIL A
Employer's address	PO BOX 1691 COLUMBIA, SC 29202	3559 ST MATTHEWS ROAD Orangeburg, SC 29118

How long employed there? **9 YEARS** **1 WEEK**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 5,501.52	\$ 1,733.33
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 5,501.52	\$ 1,733.33

Debtor 1 Sarah Elizabeth Chavis

Case number (if known) 21-00385

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse	
4.	\$ 5,501.52	\$ 1,733.33	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,345.15	\$ 433.33	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 664.28	\$ 0.00	
5e. Insurance	5e. \$ 85.96	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: <u>UNITED WAY</u>	5h.+ \$ 9.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 2,104.39	\$ 433.33	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,397.13	\$ 1,300.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,397.13	+ \$ 1,300.00	= \$ 4,697.13
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 4,697.13		
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:	DEBTORS NON-FILING SPOUSES BEGAN WORKING FOR CHICK FIL A IN FEBRUARY 2021 MAKING \$10/HOUR. DEDUCTIONS ARE BASED ON 25%. DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.		



Southeastern Freight Lines Inc
SARAH CHAVIS 2312 NINETY 6 ROAD NORTH, SC 29112 United States of America

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
SARAH CHAVIS	Southeastern Freight Lines Inc	53869	11/08/2020	11/21/2020	11/20/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	2,750.76	296.48	678.13	52.54	1,723.61
YTD	56,636.76	6,406.22	13,530.79	9,627.29	27,072.46

Earnings					Employee Taxes		
Description	Dates	Hours	Rate	Amount	Description	Amount	YTD
Salary	11/08/2020 - 11/21/2020	0	0	2,750.76	OASDI	157.28	3,219.64
Earnings				2,750.76	Medicare	36.78	752.98
				56,636.76	Federal Withholding	345.86	6,781.10
					State Tax - SC	138.21	2,777.07
					Employee Taxes	678.13	13,530.79

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401K	82.52	1,699.10	401K Loan Repayment (LOAN)	0.00	6,596.33
Dental	16.86	185.46	Child Life	0.37	4.07
Medical	190.62	4,450.38	Fitness Center		30.00
Vision	6.48	71.28	Legacy Garnishments		1,749.00
Pre Tax Deductions	296.48	6,406.22	Spouse Life	0.83	9.13
			Supplemental AD&D	7.38	81.18
			Supplemental Life	6.92	277.62
			United Way	4.50	99.00
			Voluntary Accident	21.12	506.88
			Voluntary Critical Illness	11.42	274.08
			Post Tax Deductions	52.54	9,627.29

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	2,536.80	51,929.64
Medicare - Taxable Wages	2,536.80	51,929.64
Federal Withholding - Taxable Wages	2,454.28	50,230.54
State Tax Taxable Wages - SC	2,454.28	50,230.54

Marital Status	Federal	State
Allowances	Single	Single
Additional Withholding	0	1
	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
FIRST RELIANCE BANK	Savings	*****5889	1,723.61	USD



Southeastern Freight Lines Inc
SARAH CHAVIS 2312 NINETY 6 ROAD NORTH, SC 29112 United States of America

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
SARAH CHAVIS	Southeastern Freight Lines Inc	53869	11/22/2020	12/05/2020	12/04/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	3,750.76	296.48	1,044.63	52.54	2,357.11
YTD	60,387.52	6,702.70	14,575.42	9,679.83	29,429.57

Earnings					Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Bonus	11/22/2020 - 12/05/2020	0	0	1,000.00	1,000.00	OASDI	219.28	3,438.92
Salary	11/22/2020 - 12/05/2020	0	0	2,750.76	59,387.52	Medicare	51.28	804.26
Earnings						Federal Withholding	565.86	7,346.96
						State Tax - SC	208.21	2,985.28
						Employee Taxes	1,044.63	14,575.42

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401K	82.52	1,781.62	401K Loan Repayment (LOAN)	0.00	6,596.33
Dental	16.86	202.32	Child Life	0.37	4.44
Medical	190.62	4,641.00	Fitness Center		30.00
Vision	6.48	77.76	Legacy Garnishments		1,749.00
			Spouse Life	0.83	9.96
			Supplemental AD&D	7.38	88.56
			Supplemental Life	6.92	284.54
			United Way	4.50	103.50
			Voluntary Accident	21.12	528.00
			Voluntary Critical Illness	11.42	285.50
Pre Tax Deductions	296.48	6,702.70	Post Tax Deductions	52.54	9,679.83

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	3,536.80	55,466.44
Medicare - Taxable Wages	3,536.80	55,466.44
Federal Withholding - Taxable Wages	3,454.28	53,684.82
State Tax Taxable Wages - SC	3,454.28	53,684.82

Marital Status	Federal	State
Allowances	Single	Single
Additional Withholding	0	1
	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
FIRST RELIANCE BANK	Savings	*****5889	2,357.11	USD



Southeastern Freight Lines Inc
SARAH CHAVIS 2312 NINETY 6 ROAD NORTH, SC 29112 United States of America

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
SARAH CHAVIS	Southeastern Freight Lines Inc	53869	12/06/2020	12/19/2020	12/18/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	2,750.76	296.48	678.14	52.54	1,723.60
YTD	63,138.28	6,999.18	15,253.56	9,732.37	31,153.17

Earnings					Employee Taxes		
Description	Dates	Hours	Rate	Amount	Description	Amount	YTD
Bonus		0		1,000.00	OASDI	157.28	3,596.20
Salary	12/06/2020 - 12/19/2020	0	0	2,750.76	Medicare	36.79	841.06
Earnings				62,138.28	Federal Withholding	345.86	7,692.82
					State Tax - SC	138.21	3,123.49
					Employee Taxes	678.14	15,253.56

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401K	82.52	1,864.14	401K Loan Repayment (LOAN)	0.00	6,596.33
Dental	16.86	219.18	Child Life	0.37	4.81
Medical	190.62	4,831.62	Fitness Center		30.00
Vision	6.48	84.24	Legacy Garnishments		1,749.00
Pre Tax Deductions	296.48	6,999.18	Spouse Life	0.83	10.79
			Supplemental AD&D	7.38	95.94
			Supplemental Life	6.92	291.46
			United Way	4.50	108.00
			Voluntary Accident	21.12	549.12
			Voluntary Critical Illness	11.42	296.92
			Post Tax Deductions	52.54	9,732.37

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	2,536.80	58,003.24
Medicare - Taxable Wages	2,536.80	58,003.24
Federal Withholding - Taxable Wages	2,454.28	56,139.10
State Tax Taxable Wages - SC	2,454.28	56,139.10

Marital Status	Federal	State
Allowances	Single	Single
Additional Withholding	0	1
	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
FIRST RELIANCE BANK	Savings	*****5889	1,723.60	USD



Southeastern Freight Lines Inc
SARAH CHAVIS 2312 NINETY 6 ROAD NORTH, SC 29112 United States of America

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
SARAH CHAVIS	Southeastern Freight Lines Inc	53869	12/20/2020	01/02/2021	12/31/2020	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	2,750.76	82.52	756.56	0.00	1,911.68
YTD	65,889.04	7,081.70	16,010.12	9,732.37	33,064.85

Earnings				
Description	Dates	Hours	Rate	Amount
Bonus			0	1,000.00
Salary	12/20/2020 - 01/02/2021	0	0	2,750.76
				64,889.04
Earnings			2,750.76	65,889.04

Employee Taxes		
Description	Amount	YTD
OASDI	170.55	3,766.75
Medicare	39.88	880.93
Federal Withholding	392.94	8,085.76
State Tax - SC	153.19	3,276.68
Employee Taxes	756.56	16,010.12

Pre Tax Deductions			
Description	Amount	YTD	
401K	82.52	1,946.66	
Dental		219.18	
Medical		4,831.62	
Vision		84.24	
Pre Tax Deductions	82.52	7,081.70	

Post Tax Deductions		
Description	Amount	YTD
401K Loan Repayment (LOAN)	0.00	6,596.33
Child Life		4.81
Fitness Center		30.00
Legacy Garnishments		1,749.00
Spouse Life		10.79
Supplemental AD&D		95.94
Supplemental Life		291.46
United Way		108.00
Voluntary Accident		549.12
Voluntary Critical Illness		296.92
Post Tax Deductions	0.00	9,732.37

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	2,750.76	60,754.00
Medicare - Taxable Wages	2,750.76	60,754.00
Federal Withholding - Taxable Wages	2,668.24	58,807.34
State Tax Taxable Wages - SC	2,668.24	58,807.34

Marital Status	Federal	State
Single	Single	
Allowances	0	1
Additional Withholding	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
FIRST RELIANCE BANK	Savings	*****5889	1,911.68	USD



Southeastern Freight Lines Inc

SARAH CHAVIS 2312 NINETY 6 ROAD NORTH, SC 29112 United States of America

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
SARAH CHAVIS	Southeastern Freight Lines Inc	53869	01/03/2021	01/16/2021	01/15/2021	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	2,750.76	296.48	672.57	379.62	1,402.09
YTD	2,750.76	296.48	672.57	379.62	1,402.09

Earnings					Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Salary	01/03/2021 - 01/16/2021	0	0	2,750.76	2,750.76	OASDI	157.28	157.28
Earnings				2,750.76	2,750.76	Medicare	36.78	36.78
						Federal Withholding	343.00	343.00
						State Tax - SC	135.51	135.51
						Employee Taxes	672.57	672.57



Southeastern Freight Lines Inc

SARAH CHAVIS 2312 NINETY 6 ROAD NORTH, SC 29112 United States of America

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
SARAH CHAVIS	Southeastern Freight Lines Inc	53869	01/17/2021	01/30/2021	01/29/2021	

	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	2,750.76	296.48	672.58	379.62	1,402.08
YTD	5,501.52	592.96	1,345.15	759.24	2,804.17

Earnings					Employee Taxes			
Description	Dates	Hours	Rate	Amount	YTD	Description	Amount	YTD
Salary	01/17/2021 - 01/30/2021	0	0	2,750.76	5,501.52	OASDI	157.28	314.56
Earnings				2,750.76	5,501.52	Medicare	36.79	73.57

Pre Tax Deductions			Post Tax Deductions		
Description	Amount	YTD	Description	Amount	YTD
401K	82.52	165.04	401K Loan Repayment (LOAN)	332.14	664.28
Dental	16.86	33.72	Child Life	0.37	0.74
Medical	190.62	381.24	Spouse Life	0.83	1.66
Vision	6.48	12.96	Supplemental AD&D	7.38	14.76
Pre Tax Deductions	296.48	592.96	Supplemental Life	6.92	13.84
			United Way	4.50	9.00
			Voluntary Accident	16.08	32.16
			Voluntary Critical Illness	11.40	22.80
			Post Tax Deductions	379.62	759.24

Taxable Wages		
Description	Amount	YTD
OASDI - Taxable Wages	2,536.80	5,073.60
Medicare - Taxable Wages	2,536.80	5,073.60
Federal Withholding - Taxable Wages	2,454.28	4,908.56
State Tax Taxable Wages - SC	2,454.28	4,908.56

	Federal	State
Marital Status	Single	Single
Allowances	0	1
Additional Withholding	0	0

Payment Information				
Bank	Account Name	Account Number	USD Amount	Amount
FIRST RELIANCE BANK	Savings	*****5889	1,402.08	USD

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA
Case number (If known)	21-00385

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Daughter

2

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Son

7

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$	50.00
4b. \$	50.00
4c. \$	25.00
4d. \$	0.00
5. \$	0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 Sarah Elizabeth Chavis	Case number (if known) 21-00385
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 200.00
6b. Water, sewer, garbage collection	6b. \$ 79.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 185.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	
8. Childcare and children's education costs	7. \$ 850.00
9. Clothing, laundry, and dry cleaning	8. \$ 0.00
10. Personal care products and services	9. \$ 100.00
11. Medical and dental expenses	10. \$ 25.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	11. \$ 55.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	12. \$ 400.00
14. Charitable contributions and religious donations	13. \$ 75.00
15. Insurance.	14. \$ 0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 250.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: AUTO PROPERTY TAXES	16. \$ 50.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00
21. Other: Specify: _____	21. +\$ 0.00
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ 2,394.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 2,394.00
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 4,697.13
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 2,394.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ 2,303.13
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO EXPENSES WITHIN THE NEXT YEAR.

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	21-00385		

Check if this is an amended filing

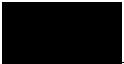
Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Sarah Elizabeth Chavis

Sarah Elizabeth Chavis

Signature of Debtor 1

Date February 25, 2021

X

Signature of Debtor 2

Date

Fill in this information to identify your case:

Debtor 1	Sarah Elizabeth Chavis		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	21-00385		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$5,501.52	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2020)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$65,889.04	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2019)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$61,334.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	N/A	\$0.00		
For last calendar year: (January 1 to December 31, 2020)	UNEMPLOYMENT	\$3,600.00		
For the calendar year before that: (January 1 to December 31, 2019)	N/A	\$0.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
STRATEGIC FUNDING SOURCE INC. V. SARAH E. WHITTLE-CHAVIS 652122/2019	CIVIL	STATE OF NEW YORK 851 GRAND CONCOURSE, ROOM 118 SUPREME COURTHOUSE Bronx, NY 10451	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
			JUDGMENT
BRANDED LLC V SARAH E.W. CHAVIS 2019-CP-32-04041	FORECLOSURE	LEXINGTON COUNTY MASTER IN EQUITY 139 MAIN STREET Lexington, SC 29072	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
VANDERBILT MORTGAGE V SARAH ELIZABETH W CHAVIS 2019-CP-38-01678	FORECLOSURE	ORANGEBURG COUNTY CLERK OF COURT PO BOX 9000 Orangeburg, SC 29115	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

Creditor Name and Address	Describe the Property	Date	Value of the property
BRANDED LLC 7910 EDMUND HWY PELION, SC 29123	DEBTORS PROPERTY-7910 EDMUND HWY, PELION SC 29123 <input type="checkbox"/> Property was repossessed. <input checked="" type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	DECEMBER 2020	Unknown

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
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Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES: \$786.00 FILING FEE: \$9.76	FEBRUARY 2021	\$1,099.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$9.76	FEBRUARY 2021	\$9.76
MOSS & ASSOCIATES, ATTORNEYS P.A. 816 ELMWOOD AVENUE COLUMBIA, SC 29201	ATTORNEYS FEES FOR CONVERSION OF CASE TO CHAPTER 7: \$2,099.00	AUGUST 2020	\$2,099.00
MOSS & ASSOCIATES, ATTORNEYS, P.A. 816 ELMWOOD AVENUE Columbia, SC 29201	ATTORNEY FEES: \$889.00 FILING FEE: \$310.00	JANUARY 2020	\$1,199.00
CC ADVISING, INC. 730 WASHINGTON AVE. SUITE 230-D Bay City, MI 48708-5732	CREDIT COUNSELING: \$9.76	JANUARY 2020	\$9.76

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
JACKSONS SOUTHERN KITCHEN LLC 1213 SUNSET BLVD WEST COLUMBIA, SC 29169	DEBTOR HAS AN INTEREST IN SPOUSES RESTAURANT BUSINESS CLOSED IN AUGUST 2018 BY IRS AND SCDOR FOR TAX ISSUES. BOOKS AND PERSONAL PROPERTY HELD BY IRS AND SCDOR.	Dates business existed EIN: 46-4736787 From-To APRIL 2018 THROUGH AUGUST 2018

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Sarah Elizabeth Chavis

Sarah Elizabeth Chavis
Signature of Debtor 1

Signature of Debtor 2

Date February 25, 2021

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).